

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014320

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1076

FILED APR 11 1963

1. PLACE OF DEATH
a. COUNTY

Saint Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy

Length of stay in 1b
32 days

c. CITY OR TOWN Farmington

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
RFD 3

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Virgil

Middle

Last
Myers

4. DATE OF DEATH

Month
Mar.

Day
28

Year
1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-1-1904

9. AGE (last birthday)
59

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Motel Owner

10b. KIND OF BUSINESS OR INDUSTRY
Friendly Motel

11. BIRTHPLACE (City and state or country)
Stahl, Missouri

12. CITIZEN OF WHAT COUNTRY
U SA

13a. FATHER'S NAME

Clyde Myers

13b. MOTHER'S MAIDEN NAME

Della Collins

14. NAME OF HUSBAND OR WIFE

Naomi Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Naomi Myers, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peripheral vascular collapse

INTERVAL BETWEEN ONSET AND DEATH

7 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Redundant & Iliac Fistulae

5 wks

DUE TO (c)

Peri Ampullary CA of hepatic node

5 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/24/63 to 3-28-63 and last saw him alive on 3-27-63
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William D. McLean Jr.

22b. ADDRESS

2811 Carondelet Clayton St.

22c. DATE SIGNED

3-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
3-21-63

23c. NAME OF CEMETERY OR CREMATORY
St. Francois Memorial

23d. LOCATION (City, town, or county)
Bonne Terre, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home, Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

3-29-63

26. REGISTRAR'S SIGNATURE

W. B. Murphy, Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 3 1963
APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Robert M. Murray

Licensed Embalmer No. 3729

P.O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.